

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025922

FILED VS AUG 12 1959

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Maries.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Maries.			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Boone Township		Length of stay in lb 30 Min.		c. CITY OR TOWN Meta, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 133 8m.S.of Meta, Mo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roman Middle Leo. Last Sabalka.				4. DATE OF DEATH Month Aug. Day 1, Year 1959			
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/1/59	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith.		11. BIRTHPLACE (City and state or country) St. Thomas, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph F. Sabalka.			13b. MOTHER'S MAIDEN NAME Rose A. Lebert.		14. NAME OF HUSBAND OR WIFE Marie. Sabalka.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes. World war II.		16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Address Mrs. Marie Sabalka. Meta, Mo Rt.1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull DUE TO (b) Trauma Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident.			
20c. TIME OF INJURY 5:00 PM		Hour 8 Month 1 Year 59					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 133 (8) miles S. of Meta,		20f. CITY, TOWN, OR LOCATION Maries		COUNTY STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 5:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. J. Hutchinson</i> County Coroner.				22b. ADDRESS Vienna, Missouri.		22c. DATE SIGNED 8/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/4/59	23c. NAME OF CEMETERY OR CREMATORY St. Elizabeth Cemetery		23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.		
24. FUNERAL DIRECTOR <i>Walter J. Huber</i> Iberia, Missouri			ADDRESS Hedges F. Home.	25. DATE RECD. BY LOCAL REG. 8-2-59	26. REGISTRAR'S SIGNATURE <i>W. J. Hutchinson</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarice Fross

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.